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Bib Data Sheet

CONFIRMATION NO. 1894

SERIAL NUMBER 10/821,575	FILING DATE 04/09/2004 RULE	CLASS 326	GROUP ART UNIT 2819	ATTORNEY DOCKET NO. BP 3242
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APPLICANTS

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** CONTINUING DATA *****

JC *None*

** FOREIGN APPLICATIONS *****

JC *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/24/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>David D. Kelly</i> Initials _____				

ADDRESS

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TITLE

High-fanin static multiplexer

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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